

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 107400005	C	ITY OR TOWN SANDWIC	Н
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 20	013
	CLASS		YEAR
LICENSEE NAME: China Palace Resta	aurant, Inc		
DOING BUSINESS A China Palace Rea	staurant		
ADDRESS 331 COTUIT ROAD			
CITY/TOWN: SANDWICH	STATE: MA	ZIP CODE: 02563	
MANAGER: Leung, Joe Wai TYI Chow	PE OF LICENSE: Restau	category:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EMAIL	L ADDRESS	
DESCRIPTION OF LICENSED PREMIS	SES:		
ONE FLOOR BLDG. WITH DINING R BAR STOOLS, TABLES-SEATING CA RESTROOMS.			
I hereby certify and swear under penalties	s of perjury that:		
1. the renewed license will be of	the same type for the same	me premises now licensed;	
2. the licensee has complied with		=	
3. the premises are now open for	business (If not explain	below)	
CICNED DV.			
SIGNED BY: Individual, Partner	or Authorized Corporat	e Officer	
	or Authorized Corporat	e Officer	
Individual, Partner	or Authorized Corporat	e Officer	
Individual, Partner	or Authorized Corporat	EMPLOYER IDENTIFICAT (Note: NOT Individual Social S	
Individual, Partner	TE NUMBER: e in possession (1) the cospector and the head of	EMPLOYER IDENTIFICAT (Note: NOT Individual Social Secretificate required by Chapter of the fire department for the	er 304 of the above named
DATE: TELEPHON We the undersigned, attest that we are Acts of 2004, signed by the building in	TE NUMBER: e in possession (1) the cospector and the head of liability insurance requ	EMPLOYER IDENTIFICAT (Note: NOT Individual Social Secretificate required by Chapter of the fire department for the	er 304 of the above named Acts of 2010.
Individual, Partner DATE: TELEPHON We the undersigned, attest that we are Acts of 2004, signed by the building inclicense and (2) the certificate of liquor Please Check Below: APPROVED:	TE NUMBER: e in possession (1) the cospector and the head of liability insurance requires	EMPLOYER IDENTIFICAT (Note: NOT Individual Social Sertificate required by Chapter the fire department for the uired by Chapter 116 of the A	er 304 of the above named Acts of 2010.
Individual, Partner DATE: TELEPHON We the undersigned, attest that we are Acts of 2004, signed by the building inslicense and (2) the certificate of liquor Please Check Below: APPROVED: DISAPPROVED:	TE NUMBER: e in possession (1) the cospector and the head of liability insurance requires	EMPLOYER IDENTIFICAT (Note: NOT Individual Social Sertificate required by Chapter the fire department for the uired by Chapter 116 of the ALOCAL LICENSING AUTHO	er 304 of the above named Acts of 2010.
Individual, Partner DATE: TELEPHON We the undersigned, attest that we are Acts of 2004, signed by the building inclicense and (2) the certificate of liquor Please Check Below: APPROVED:	TE NUMBER: e in possession (1) the cospector and the head of liability insurance requires	EMPLOYER IDENTIFICAT (Note: NOT Individual Social Sertificate required by Chapter the fire department for the uired by Chapter 116 of the ALOCAL LICENSING AUTHO	er 304 of the above named Acts of 2010.
Individual, Partner DATE: TELEPHON We the undersigned, attest that we are Acts of 2004, signed by the building inslicense and (2) the certificate of liquor Please Check Below: APPROVED: DISAPPROVED:	TE NUMBER: e in possession (1) the cospector and the head of liability insurance requires	EMPLOYER IDENTIFICAT (Note: NOT Individual Social Sertificate required by Chapter the fire department for the uired by Chapter 116 of the ALOCAL LICENSING AUTHO	er 304 of the above named Acts of 2010.



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 107400007		CITY OR TOWN	SANDWIC	H
APPLICATION FOR	RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	DAN'L WEBSTER INC	C.			
DOING BUSINESS A	A DAN'L WEBSTER IN	IN			
ADDRESS 149 MAI	N ST.				
CITY/TOWN: SAN	DWICH S	STATE: MA	ZIP CODE:	02563	
MANAGER: CATA	ANIA, STEVENTYPE O	F LICENSE:Inn	holder C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
I	PLEASE ALSO VISIT OUR WEBSITE	E AND ENTER YOUR EM	MAIL ADDRESS		_
DESCRIPTION OF I	LICENSED PREMISES:				
ROOMS, LOBBY AT SLEEPING ROOMS	FL.: 4 DINING ROOMS ND 4 SLEEPING ROOM JARVES WING: 10 SL E: 4 SLEEPING ROOM	IS. 2ND. FL.: 12 EEP- ING ROO	SLEEPING ROOM	MS. 3RD FL.:	
I hereby certify and sv	wear under penalties of p	erjury that:			
1. the renewe	ed license will be of the s	ame type for the	same premises now	licensed;	
	e has complied with all la		· ·	to taxes; and	
3. the premis	es are now open for busin	ness (If not expla	nin below)		
SIGNED BY:	Individual, Partner or A	authorized Corpo	rate Officer		
DATE:	TELEPHONE N	UMBER:		R IDENTIFICAT dividual Social S	
Acts of 2004, signed	l, attest that we are in p by the building inspect ertificate of liquor liabi	or and the head	of the fire depart	ment for the	above named
Please Check Below:			LOCAL LICEN	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: [(If disapproved expla	in)				
(ii disappioved expla	<i>)</i>				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	IBER: 107400008		CITY OR TOWN	ANDWICH
APPLICATION	FOR RENEWAL	: Annual	LICENSE	ED FOR 2013
		CLASS		YEAR
LICENSEE NA	ME: MIDDLETO	ON GOLF COURSE II, IN	IC.	
DOING BUSIN	ESS A HOLLY R	IDGE CLUB		
ADDRESS COU	JNTRY CLUB RO	OAD		
CITY/TOWN:	SANDWICH	STATE: MA	ZIP CODE:	02563
	GEORGE, WILLIAM W.	TYPE OF LICENSE: R	estaurant CAT	EGORY: All Alcohol
EMAIL ADDRI	ESS:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	OF LICENSED P	REMISES:		
	T AND ONE REA	AGE ROOM, CELLAR FO R EXIT. OPEN PATIO A		
I hereby certify	and swear under pe	enalties of perjury that:		
•	-	l be of the same type for the	ne same premises now lic	censed;
		ed with all laws of the Cor	•	
3. the p	remises are now o	oen for business (If not exp	olain below)	
SIGNED BY:				
	Individual,	Partner or Authorized Cor	porate Officer	
DATE:	TEL E	EDUCNE NUMBER	EMDI OVED III	DENTIFICATION NUMBER:
DITTE.	IELE	EPHONE NUMBER:		dual Social Security Number)

	-	we are in possession (1) t ling inspector and the he	_	-
		liquor liability insurance	_	
Please Check Below	<u>v:</u>		LOCAL LICENSIN	IG AUTHORITY
APPROVED:			By:	
DISAPPROVEI				
(If disapproved	explain)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 107400009		CITY C	OR TOWN	SANDWIC	CH
APPLICATION FOR	RENEWAL:	Annual		LICEN	ISED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 20 OLD	A	D POST #188 AN	MER.LEGIO	N BLDG.C	CORP.	
CITY/TOWN: SAN	DWICH	STATE: N	1A ZIP	CODE:	02563	
MANAGER: BRIA	ND,DONNA TY	PE OF LICENSE	:Veterans clu	ıb C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
]	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YO	UR EMAIL ADDRI	ESS		_
DESCRIPTION OF I						
ONE STORY FRAM CELLAR DIVIDED WITH AN ENTRAN	INTO TWO OF M	ORE AREAS AN	D A SEPARA			
I hereby certify and s	wear under penaltie	s of perjury that:				
1. the renewe	ed license will be of	f the same type for	the same pro	emises nov	licensed;	
2. the license	ee has complied with	h all laws of the C	ommonwealt	th relating	to taxes; and	
3. the premis	es are now open for	r business (If not e	explain below	v)		
SIGNED BY:	Individual, Partne	r or Authorized C	orporate Offi	icer		
DATE:	TELEPHO	NE NUMBER:		EMPLOYE	R IDENTIFICAT	TION NUMBER:
			(N	ote: NOT In	dividual Social S	ecurity Number)
We the undersigned Acts of 2004, signed license and (2) the c	by the building in	spector and the	head of the f	ïre depart	ment for the	above named
Please Check Below:			LOCA	AL LICEN	SING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED: [(If disapproved explain	 in)					
(ii disappioved expla	···· <i>)</i>					
DATE.						
DATE:						
APPLICATION FOR RENEW	AL MUST BE FILED BY	LICENSEES DURING T	HE MONTH OF N	NOVEMBER (N	M.G.L. Ch. 138 \$ 16	5A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	2: 107400011		CITY OR TOWN	SANDWICH	
APPLICATION FOR	R RENEWAL:	Annual CLASS	LICEN	SED FOR 2013 YEA	R
DOING BUSINESS	BRANDY MAN, IN A BOBBY BYRNE'S TOP & SHOP PLAZA	C. PUB		ILA	K
CITY/TOWN: SAN	IDWICH	STATE: MA	ZIP CODE:	02563	
EMAIL ADDRESS: DESCRIPTION OF I BRICK ADJOINING SERVICE AREA AN BASEMENT.	PLEASE ALSO VISIT OUR WEBS LICENSED PREMISE G BLDG. FIRST FLOO ND RESTROOMS. ME	SITE AND ENTER YOUR E CS: DR: DINING BOO EZZANINE: OFFI	MAIL ADDRESS THS, TABLES, BAI		Alcohol
1. the renewal 2. the license 3. the premis	wear under penalties of the dicense will be of the dee has complied with a sees are now open for but the deep t	e same type for the	monwealth relating to		
SIGNED BY:	Individual, Partner of	r Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:		R IDENTIFICATION N	
Acts of 2004, signed	l, attest that we are in I by the building insp certificate of liquor lia	ector and the hea	d of the fire departı	nent for the abov	e named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOCAL LICENS By:	ING AUTHORIT	Y
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 107400014		CITY OR TOWN	SANDWICH
APPLICATION FOI	R RENEWAL:	Annual CLASS	LICEN	SED FOR 2013 YEAR
	SANDWICH PROP A BRITTISH BEER 6A	ERTY, LLC.		12410
CITY/TOWN: SAN	NDWICH	STATE: MA	ZIP CODE:	02563
MANAGER: HOV CAS	VARD, TYPI SANDRA	E OF LICENSE: Res	staurant Ca	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEE		MAIL ADDRESS	
	LICENSED PREMISI			
THREE DINING ROCELLAR FOR STO	OOMS, BAR WITH 12 RAGE	2 STOOLS, GREEN	HOUSE, KITCHE	N, RESTROOMS.
	ee has complied with a ses are now open for b Individual, Partner of	ousiness (If not expla	nin below)	o taxes; and
DATE:	TELEPHONE	E NUMBER:		R IDENTIFICATION NUMBER:
Acts of 2004, signed	d by the building insp	pector and the head	l of the fire depart	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)		LOCAL LICENS By:	SING AUTHORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	C: 10/400015		CITY OR TOW	IN SANDWIC	л
APPLICATION FOR	R RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	MARSHLAND	GROUP, INC			
DOING BUSINESS	A MARSHLAN	D RESTAURANT			
ADDRESS 109 RTE	E. 6A				
CITY/TOWN: SAN	NDWICH	STATE: MA	ZIP CODE:	02563	
MANAGER: BAB	IARZ, KIM	ГҮРЕ OF LICENSE:Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF	LICENSED PRE	MISES:			
		LDG. CONSISTING OF MS. ATTIC FOR STOR			, DINING
I hereby certify and s	swear under penal	ties of perjury that:			
1. the renew	ed license will be	of the same type for the	e same premises n	now licensed;	
2. the licens	ee has complied v	with all laws of the Com	monwealth relatir	ng to taxes; and	
3. the premi	ses are now open	for business (If not expl	ain below)		
SIGNED BY:			0.07		
	Individual, Par	tner or Authorized Corp	orate Officer		
D 4 mg					
DATE:	TELEPH	ONE NUMBER:		YER IDENTIFICAT	
			(Note: NOT	Individual Social S	security Number)
		are in possession (1) th			
		g inspector and the hea for liability insurance i			
ncense and (2) the	certificate of fiqu	ioi nabinty insurance i	required by Cha	pter 110 of the	Acts 01 2010.
Please Check Below:			LOCAL LICE	ENSING AUTH	ORITY
APPROVED: DISAPPROVED:			By:		
(If disapproved expla	ain)				
·FF-0.00 chpi	·· <i>/</i>				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 107400016		CITY OR TOWN	SANDWIC	Н
APPLICATION FOR	R RENEWAL:	Annual	LICENS	SED FOR 20	13
		CLASS			YEAR
	A SANDWICH PIZZA	HOUSE			
ADDRESS 144 RTE		CTATE. MA	ZID CODE.	02562	
CITY/TOWN: SAN		STATE: MA	ZIP CODE:	02563	
MANAGER: PETI	ERSON, MARK TYPE	OF LICENSE: Res	staurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBSI		MAIL ADDRESS		
	LICENSED PREMISES		ANCE IN EDONT	AND ONE D	DEAD.
EMERGENCY EXI	STS OF 1860 SQ. FT., (T.	JNE MAIN ENTE	CANCE IN FRONT	AND ONE R	KEAK
2. the licens	red license will be of the ee has complied with all ses are now open for bu Individual, Partner or	l laws of the Comr siness (If not expla	nonwealth relating to ain below)		
DATE:	TELEPHONE I	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER:
Acts of 2004, signed	d, attest that we are in d by the building inspe certificate of liquor lia	ctor and the head	l of the fire departn	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	107400019		CITY OR TOWN	SANDWICH
APPLICATION FOR	RENEWAL:	Annual CLASS	LICEN	ISED FOR 2013 YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 674 RTE.6	AMARI RISTOR	ANTE		
CITY/TOWN: SANI	OWICH	STATE: MA	ZIP CODE:	02537
MANAGER: HIXO	N, ROBERT TYP	E OF LICENSE:R	estaurant C	ATEGORY: All Alcohol
	LEASE ALSO VISIT OUR WE		EMAIL ADDRESS	
TWO DINING ROOM ENTRANCES AND F AND FOR BEVERACE	MS AND SEPARAT FOUR EXITS. SEA	E LOUNGE AREA		
2. the licensee	d license will be of	the same type for the all laws of the Com	e same premises now amonwealth relating t lain below)	
SIGNED BY:	Individual, Partner	or Authorized Corp	oorate Officer	
DATE:	TELEPHON	E NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
Acts of 2004, signed	by the building ins	pector and the hea	nd of the fire depart	red by Chapter 304 of the ment for the above named er 116 of the Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAL LICENS By:	SING AUTHORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	107400024		CI	TY OR TOW	N SANDWIC	Н
APPLICATION FOR	RENEWAL:	Annua	1	LICE	NSED FOR 20	013
		CLAS	S			YEAR
LICENSEE NAME:	MEETINGHOUS	E ROAD INC.				
DOING BUSINESS A	MEETINGHOU	SE PACKAGE &	& VARIE	TY STORE		
ADDRESS COTUIT	ROAD					
CITY/TOWN: SANI	OWICH	STATE:	MA	ZIP CODE:	02563	
MANAGER: Konar	y, Bernice S. TY	PE OF LICENS	E:Packag	e Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
P	LEASE ALSO VISIT OUR W	VEBSITE AND ENTER Y	OUR EMAIL	ADDRESS		_
DESCRIPTION OF L	ICENSED PREMI	SES:				
ONE STORY 4,400 S STORE. 1,800 SQUA						
I hereby certify and sw				LIVITATIVEL	THIE OILE LE	XII.
•	d license will be of			ne nremises no	w licensed:	
	e has complied with			_		
	es are now open for			_	; to taxes, and	
3. the premise	s are now open for	ousiness (11 not	. схрішії (ociow)		
SIGNED BY:	Individual, Partner	r or Authorized (Corporate	Officer		
	inor (round, rururo)	. 01114411011204	Corporate			
DATE:	TELEDUON	NE NUMBER:		EMPLOY	ER IDENTIFICAT	TION NUMBER:
	TELEFTION	NE NUMBER.			ndividual Social S	
DI CLIDI			_			
Please Check Below: APPROVED:					ISING AUTHO	ORITY
DISAPPROVED:			E	By:		
(If disapproved explai	 n)		-			
· · · · ·	•		=			
			-			
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 107400026	CITY OR TOWN SANDWICH
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: A BIT OF BLARNEY, INC	
DOING BUSINESS A BARRETT'S SPIRITS SHOPPE	
ADDRESS 492 N/S RTE 6A	
CITY/TOWN: SANDWICH STATE: N	AA ZIP CODE: 02537
MANAGER: BARRETT, TYPE OF LICENSE EDWARD J	:Package Store CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YO	UR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
WOODEN FRAME BLDG. ONE FLOOR WITH TWO R ONE FRONT ENTRANCE AND ONE SIDE EXIT.	OOMS. FULL CELLAR FOR STORAGE.
 the renewed license will be of the same type for the licensee has complied with all laws of the C the premises are now open for business (If not e 	commonwealth relating to taxes; and
SIGNED BY: Individual, Partner or Authorized C	orporate Officer
DATE	
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Please Check Below: APPROVED:	LOCAL LICENSING AUTHORITY
DISAPPROVED:	By:
(If disapproved explain)	
DATE:	



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 107400027		CITY OR TOWN	SANDWIC	Н
APPLICATION FOR	R RENEWAL:	Annual	LICENS	SED FOR 20	13
		CLASS		,	YEAR
LICENSEE NAME:	FORESTDALE	MOBIL, INC.			
DOING BUSINESS	A FORESTDAL	E MOBILE			
ADDRESS 80 RTE	130				
CITY/TOWN: SAN	NDWICH	STATE: M	ZIP CODE:	02644	
	LUDHRY, T ED A.	ΓΥΡΕ OF LICENSE:	Package Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOU	JR EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PRE	MISES:			
ONE FLOOR CONS	SISTING OF A RO	OOM16X16. NO CE	LLAR. ONE FRONT E	NTRANCE A	AND
2. the licens	ved license will be ee has complied v	of the same type for	the same premises now ommonwealth relating to xplain below)		
SIGNED BY:	Individual, Part	ner or Authorized Co	orporate Officer		
DATE:	TELEPH	ONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	R IDENTIFICAT	
Please Check Below: APPROVED:			LOCAL LICENS	ING AUTHO	DRITY
DISAPPROVED:			By:		
(If disapproved expla	ain)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 107400028		CITY OR TOWN	SANDWICI	Н
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS		•	YEAR
LICENSEE NAME: PIKE ROCK MA	NAGEMENT, INC.			
DOING BUSINESS A PARADISE W.	NES AND SPIRITS			
ADDRESS 65 ROUTE 6A				
CITY/TOWN: SANDWICH	STATE: MA	ZIP CODE:	02563	
MANAGER: GIAMMARCO, T'LOUIS	YPE OF LICENSE: Pac	kage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF LICENSED PREM	IISES:			
BUILDING CONSISTS OF APPROX. ENTRANCES/EXITS, RESTROOMS,			Γ & REAR	
2. the licensee has complied with 3. the premises are now open for SIGNED BY:		_	taxes; and	
Individual, Partn	er or Authorized Corpo	rate Officer		
DATE: TELEPHO	ONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Indi	IDENTIFICATI	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHC	ORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	107400029		CITY OR TOW	IN SANDWIC	Л
APPLICATION FOR I	RENEWAL:	Annual	LIC	ENSED FOR 20)13
		CLASS			YEAR
LICENSEE NAME: S DOING BUSINESS A	SANDWICH PACKA	GE STORE			
ADDRESS 118 RTE 6					
CITY/TOWN: SAND		STATE: MA	ZIP CODE:	02563	
MANAGER: SHAH,	MUKESH V.TYPE O	F LICENSE: Pac	kage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF LI	EASE ALSO VISIT OUR WEBSITI		IAIL ADDRESS		
ONE STORY FRAME			O ONE	EXIT.	
I hereby certify and sw					
	has complied with all less are now open for busing			ng to taxes; and	
SIGNED BY:	Individual, Partner or A	Authorized Corpo	rate Officer		
DATE:	TELEPHONE N	UMBER:		YER IDENTIFICAT Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOCAL LICE By:	ENSING AUTHO	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMB	SER: 107400030		CITY OR TOWN	SANDWIC	CH .
APPLICATION F	FOR RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAM	E: KOCC CORP.				
DOING BUSINES	SS A Route 6A Conver	nience Store			
ADDRESS 422 R	TE 6A				
CITY/TOWN: S	ANDWICH	STATE: MA	ZIP CODE:	02537	
MANAGER: PA	ATEL, AMITA P. TY	PE OF LICENSE:Pac	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRES	SS:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION C	OF LICENSED PREMI	SES:			
ONE RETAIL SA	LESROOM. BASEME	ENT FOR STORAGE	E. TWO ENTRANCE	ES AND ONI	E EXIT.
I hereby certify an	nd swear under penalties	s of perjury that:			
1. the ren	ewed license will be of	the same type for the	same premises now	licensed;	
2. the lice	ensee has complied with	all laws of the Com	monwealth relating to	taxes; and	
3. the pre	mises are now open for	business (If not expl	ain below)		
SIGNED BY:					
	Individual, Partner	r or Authorized Corpo	orate Officer		
DATE:	TELEPHON	NE NUMBER:	EMPLOYER	IDENTIFICAT	TION NUMBER:
			(Note: NOT Ind	ividual Social S	ecurity Number)
Please Check Below:			LOCAL LICENS	ING AUTUG) DITV
APPROVED:			By:	ING ACTIN	JKIT I
DISAPPROVED:			Dy.		
(If disapproved ex	aplain)				
			-		
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 107400031		CITY OR TOWN	SANDWICH	
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013	
	CLASS		YE	AR
LICENSEE NAME: LAWRENCE F	POND MARKET,INC.			
DOING BUSINESS A LAWRENCE	POND MARKET			
ADDRESS 45 GREAT HILL RD				
CITY/TOWN: SANDWICH	STATE: MA	ZIP CODE:	02563	
MANAGER: COTTER, DIANE J	TYPE OF LICENSE: Pac	kage Store CA		ine and alt Regular
EMAIL ADDRESS:				
PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF LICENSED PRE				
3 ROOMS ON FIRST FLOOR: ONE ROOM STORAGE. ONE FRONT EN				
2. the licensee has complied v 3. the premises are now open		_	taxes; and	
SIGNED BY: Individual, Par	tner or Authorized Corpo	rate Officer		
DATE: TELEPH	IONE NUMBER:		IDENTIFICATION vidual Social Secur	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORI	TY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	CR: 107400036		CITY OR TOWN	SANDWICH
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME	: SEA SHORE	CORPORATION		
DOING BUSINESS	S A CANTERBU	JRY LIQUORS & PAN	TRY	
ADDRESS 331 CO	TUIT RD BLDG	12		
CITY/TOWN: SA	NDWICH	STATE: MA	ZIP CODE:	02563
	RLEY, CHARD F	TYPE OF LICENSE:	Package Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS	
DESCRIPTION OF	F LICENSED PR	EMISES:		
		NING BLDG. FLOOR S EMENT, FRONT ENT		
	nises are now open	with all laws of the Co n for business (If not ex	plain below)	
DATE:	TELEP	HONE NUMBER:		R IDENTIFICATION NUMBER: ividual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	lain)		LOCAL LICENS By:	ING AUTHORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 107400037		CITY OR TOWN	SANDWIC	H
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: JOHN J. SANTORO,	LLC			
DOING BUSINESS A MERCHANTS SQU	JARE LIQUORS			
ADDRESS 8 MERCHANTS ROAD				
CITY/TOWN: SANDWICH	STATE: MA	ZIP CODE:	02563	
MANAGER: SANTORO, JOHN J TYPE	OF LICENSE: Pac	kage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREMISES BUILDING CONSISTS OF A 969 SQ. FT. I hereby certify and swear under penalties of 1. the renewed license will be of the 2. the licensee has complied with all 3. the premises are now open for bu	S: DISPLAY ROOM perjury that: same type for the l laws of the Comm	. NO CELLAR. same premises now nonwealth relating to		
SIGNED BY: Individual, Partner or	Authorized Corpo	rate Officer		
DATE: TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 107400039		CITY OR TOWN	SANDWICH
APPLICATION FOI	R RENEWAL:	Annual CLASS	LICEN	SED FOR 2013 YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 289 COT	A SURF'S UP PIZZA			72.11
CITY/TOWN: SAN	NDWICH	STATE: MA	ZIP CODE:	02563
MANAGER: LOP	ES, RONALD TYPE	E OF LICENSE: Re	estaurant CA	ATEGORY: Wine and Malt Regular
EMAIL ADDRESS:				
DEGCDIDATON OF	PLEASE ALSO VISIT OUR WEB		EMAIL ADDRESS	
72'X48' ATTACHEI	LICENSED PREMISE D BUILDING WITH 2 D 20X 30 OUTSIDE P.	REST ROOMS,		3 EXITS- SEATING
	ee has complied with a ses are now open for b Individual, Partner o	usiness (If not exp	lain below)	o taxes; and
DATE:	TELEPHONE	NUMBER:		R IDENTIFICATION NUMBER: ividual Social Security Number)
Acts of 2004, signed	d by the building insp	ector and the hea	d of the fire departi	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)		LOCAL LICENS By:	ING AUTHORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 107400040		CITY OR TOWN	SANDWICH
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: AQUA GRILLE, IN	IC.		
DOING BUSINESS A AQUA GRILLE			
ADDRESS 14 GALLO ROAD			
CITY/TOWN: SANDWICH	STATE: MA	ZIP CODE:	02563
MANAGER: ZARTARIAN, JOHNTYP	E OF LICENSE: Rest	aurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED PREMIS	ES:		
TWO DINING ROOMS, SCREENED IN ENTRANCE IN FRONT AND 3 OTHER DOWNSTAIRS. SEATING CAPACITY 2 STOOLS	EXITS. LOBBY, KI	TCHEN, STORAG	E ROOM
I hereby certify and swear under penalties	of perjury that:		
1. the renewed license will be of the	he same type for the s	same premises now	licensed;
2. the licensee has complied with	all laws of the Comm	onwealth relating to	taxes; and
3. the premises are now open for b	ousiness (If not explain	in below)	
SIGNED BY:			
	or Authorized Corpor	rate Officer	
	or Authorized Corpor	rate Officer	
Individual, Partner	or Authorized Corpor	rate Officer	
		EMPLOYER	IDENTIFICATION NUMBER:
Individual, Partner	E NUMBER: in possession (1) the pector and the head	EMPLOYER (Note: NOT Ind certificate require of the fire departs	ed by Chapter 304 of the ment for the above named
DATE: TELEPHONE We the undersigned, attest that we are in Acts of 2004, signed by the building insp	E NUMBER: in possession (1) the pector and the head	EMPLOYER (Note: NOT Ind certificate require of the fire departs quired by Chapte	ed by Chapter 304 of the ment for the above named
Individual, Partner of TELEPHONE We the undersigned, attest that we are in Acts of 2004, signed by the building insplicense and (2) the certificate of liquor limits and the control of the Please Check Below: APPROVED:	E NUMBER: in possession (1) the pector and the head	EMPLOYER (Note: NOT Ind certificate require of the fire departs quired by Chapte	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Individual, Partner of TELEPHONE We the undersigned, attest that we are is Acts of 2004, signed by the building insplicense and (2) the certificate of liquor limits approved: APPROVED: DISAPPROVED:	E NUMBER: in possession (1) the pector and the head	EMPLOYER (Note: NOT Ind certificate require of the fire departs quired by Chaptes LOCAL LICENS	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Individual, Partner of TELEPHONE We the undersigned, attest that we are in Acts of 2004, signed by the building insplicense and (2) the certificate of liquor limits and the control of the Please Check Below: APPROVED:	E NUMBER: in possession (1) the pector and the head	EMPLOYER (Note: NOT Ind certificate require of the fire departs quired by Chaptes LOCAL LICENS	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Individual, Partner of TELEPHONE We the undersigned, attest that we are is Acts of 2004, signed by the building insplicense and (2) the certificate of liquor limits approved: APPROVED: DISAPPROVED:	E NUMBER: in possession (1) the pector and the head	EMPLOYER (Note: NOT Ind certificate require of the fire departs quired by Chaptes LOCAL LICENS	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 107400043		CITY OR TOW	VN SANDWIC	CH
APPLICATION FO	OR RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAMI	E: SEQUOIA C	GOLF CRG MANAGEMEN	NT LLC		
DOING BUSINES	S A THE RIDG	E CLUB			
ADDRESS 70 CO	UNTRY CLUB	ROAD			
CITY/TOWN: SA	ANDWICH	STATE: MA	ZIP CODE	: 02563	
MANAGER: PII MI	LLARELLA, CHAEL	TYPE OF LICENSE: Ch	ıb	CATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT	Γ OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION O					
ROOM, CLUBRO	OM, 5 EXITS, I	M, TWO LOUNGES, DINI ENTRANCE; LOWER FLO INING TERRACE, DECK	OOR: 2 CARD R		
 the rene the licer 	ewed license will nsee has complie	nalties of perjury that: be of the same type for the ed with all laws of the Commen for business (If not expl	nonwealth relatii		
SIGNED BY:	Individual, I	Partner or Authorized Corpo	orate Officer		
DATE:	TELE	PHONE NUMBER:		YER IDENTIFICATION OF THE PROPERTY OF THE PROP	
Acts of 2004, sign	ed by the build	we are in possession (1) th ing inspector and the head iquor liability insurance n	d of the fire dep	artment for the	above named
Please Check Below:			LOCAL LICE	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:	aloin)				
(If disapproved exp	pialli)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	10/400044		CITY OR TO	WN SANDWIC	л
APPLICATION FOR I	RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: (OLD CAPE COD	TAVERN, INC.			
DOING BUSINESS A	BEE-HIVE TAV	/ERN			
ADDRESS 406 ROUT	E 6A				
CITY/TOWN: SAND	WICH	STATE: MA	ZIP CODE	: 02563	
MANAGER: DAVIE	S, DEBRA TY	PE OF LICENSE:Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF LI	CENSED PREMI	SES:			
FIRST FLOOR; TWO OFFICE, RESTROOM					FLOOR;
I hereby certify and swe	ear under penaltie	s of perjury that:			
1. the renewed	license will be of	f the same type for the	same premises	now licensed;	
2. the licensee	has complied with	h all laws of the Com	monwealth relati	ng to taxes; and	
3. the premises	s are now open for	r business (If not expl	ain below)		
SIGNED BY:					
	Individual, Partne	er or Authorized Corpo	orate Officer		
DATE:	TELEPHO	NE NUMBER:		YER IDENTIFICAT	
			(Note: NO	☐ Individual Social S	Security Number)
We the undersigned,	attest that we ar	e in possession (1) th	e certificate rec	uired by Chapt	er 304 of the
Acts of 2004, signed b	y the building in	spector and the head	d of the fire dep	artment for the	above named
license and (2) the cer	rtificate of liquor	· liability insurance r	required by Cha	pter 116 of the	Acts of 2010.
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:	7		By:		
DISAPPROVED:					
(If disapproved explain)				
					 -
DATE:			-		
DAIL.					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	:: 107400046		CITY OR TOWN	SANDWIC	Н
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 152 ROU	A SANDWICE	EEZ MIAN H MART AND SPIRIT	rs.		
CITY/TOWN: SAN		STATE: M	IA ZIP CODE:	02563	
	N, ABDUL	TYPE OF LICENSE:		ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
•	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOU	JR EMAIL ADDRESS		-
DESCRIPTION OF	LICENSED PR	EMISES:			
152 ROUTE 6A 2,00	00 SQ. FT. ATT	CACHED BLDG. ONE	ENTRANC E, ONE E	XIT.	
I hereby certify and s	wear under pen	alties of perjury that:			
1. the renew	ed license will b	be of the same type for	the same premises now	licensed;	
2. the license	ee has complied	with all laws of the Co	ommonwealth relating to	taxes; and	
	-	n for business (If not e		,	
			,		
SIGNED BY:	Individual, Pa	artner or Authorized Co	orporate Officer		
DATE:	TELEP	HONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 107400048		CITY OR TOW	'N SANDWIC	CH
APPLICATION F	OR RENEWAL:	Annual	LICI	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAM	E: CHRISTOPHER	G. WILSON			
DOING BUSINES	SS A THE PAINTEL	LADY			
ADDRESS 8 JAR	VES ST				
CITY/TOWN: SA	ANDWICH	STATE: MA	ZIP CODE:	02563	
	ILSON, T' HRISTOPHER G.	YPE OF LICENSE: Inr	holder	CATEGORY:	All Alcohol
EMAIL ADDRES	S:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
	OF LICENSED PREM				
BRICK PATIOS & ENTRANCE, SID	& SWIMMING POO DE ENTRANCE WES	T.ALL ROOMS IN TH L AREA. COMMERC ST. 6 JARVES-1ST & C. FACITLITY & TEI	IALLY EQUIPP 2ND:INCLUSIV	ED KITCHEN, E OF BAR W/	FRONT
I hereby certify an	d swear under penalti	es of perjury that:			
1. the ren	ewed license will be o	of the same type for the	same premises n	ow licensed;	
2. the lice	ensee has complied wi	ith all laws of the Com	monwealth relatin	g to taxes; and	
3. the pres	mises are now open for	or business (If not expl	ain below)		
SIGNED BY:	Individual, Partn	er or Authorized Corpe	orate Officer		
DATE:	TELEPHO	ONE NUMBER:		YER IDENTIFICAT	
Acts of 2004, sign	ned by the building i	re in possession (1) th inspector and the head or liability insurance i	d of the fire depa	rtment for the	above named
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved ex					
(ii disapproved ex	piaiii)				
DATE:			-		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 107400049		CITY OR TOWN SANDWIG	CH
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NAME:	STEF. CO. CO	ORP		
DOING BUSINESS	A 6A CAFE			
ADDRESS 415 RO	UTE 6A			
CITY/TOWN: SAM	NDWICH	STATE: MA	ZIP CODE: 02563	
MANAGER: STE	FOS, JAMES	TYPE OF LICENSE: Res	taurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF				
			MS, RESTROOMS AND KITC ND TWO EXITS. SEATING	HEN.
I hereby certify and	-	- · ·		
			same premises now licensed;	
	-		nonwealth relating to taxes; and	
3. the premi	ises are now oper	n for business (If not expla	in below)	
CICNED DV.				
SIGNED BY:	Individual, Pa	rtner or Authorized Corpo	rate Officer	
DATE:	TELEPI	HONE NUMBER:	EMPLOYER IDENTIFICA	TION NUMBER:
			(Note: NOT Individual Social S	Security Number)
Acts of 2004, signe	d by the buildin	g inspector and the head	certificate required by Chapt of the fire department for the equired by Chapter 116 of the	e above named
Please Check Below:			LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVED: [(If disapproved expl	ain)			
(11 disappioved expi	am)			<u>—</u>
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 107400050		CITY OR TOWN	SANDWICE	1
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS		•	YEAR
LICENSEE NAMI	E: GOSSIOS CO	RP.			
DOING BUSINES	S A CAPTAIN S	COTT'S			
ADDRESS 71 TU	PPER ROAD				
CITY/TOWN: SA	ANDWICH	STATE: MA	ZIP CODE:	02563	
	OSSIOS, RGINIA	TYPE OF LICENSE:	Restaurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT (OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION O	F LICENSED PR	EMISES:			
KITCHEN. TWO	FRONT DOORS	E BLDG. WITH 2 MA FOYER 2 EMERGENO OR STORAGE. SCREI	CY EXIT DOORS AT	REAR OF	
I hereby certify and	d swear under pen	alties of perjury that:			
1. the rene	ewed license will b	e of the same type for the	he same premises now	licensed;	
2. the lice	nsee has complied	with all laws of the Cor	nmonwealth relating t	o taxes; and	
3. the prer	mises are now ope	n for business (If not ex	plain below)		
SIGNED BY:	Individual Da	rtner or Authorized Cor	morata Officar		
	marviduai, Pa	ruler of Authorized Col	porate Officer		
DATE:	TELED	HONE NUMBER:	EMPLOYE	R IDENTIFICATI	ON NUMBER:
	I ELEF.	HONE NUMBER.		dividual Social Se	
					204 04
Acts of 2004, sign	ned by the buildir	e are in possession (1) in a graph in possession (1) in a graph in	ad of the fire depart	ment for the a	above named
	e certificate of fig	uor liability insurance	e required by Chapte	er 116 of the A	icis 01 2010.
Please Check Below: APPROVED:	\neg		LOCAL LICENS	SING AUTHO	RITY
DISAPPROVED:			By:		
(If disapproved exp	olain)				
	· /				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 107400051		CITY OR TOWN SAND	WICH
APPLICATION	FOR RENEWAL:	Annual	LICENSED FO	R 2013
		CLASS		YEAR
LICENSEE NAM	ME: DUNBAR TE	A CORPORATION		
DOING BUSINI	ESS A THE DUNB	AR HOUSE GIFT SHOP	AND TEA ROOM	
ADDRESS 1 W	ATER ST			
CITY/TOWN:	SANDWICH	STATE: MA	ZIP CODE: 02563	3
	HEGARTY, PAULA H.	TYPE OF LICENSE: Res	staurant CATEGO	RY: Wine and Malt Regular
EMAIL ADDRE	ESS:			
	PLEASE ALSO VISIT (OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
	OF LICENSED PR			
			A, REST ROOMS TO THE S EXITS, TEA ROOM SIDE	
1. the re 2. the lie	enewed license will be censee has complied remises are now open	with all laws of the Comr n for business (If not expla		
	Individual, Pa	rtner or Authorized Corpo	orate Officer	
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENTII (Note: NOT Individual So	FICATION NUMBER:
Acts of 2004, si	gned by the buildin	ng inspector and the head	e certificate required by C l of the fire department for equired by Chapter 116 of	r the above named
Please Check Below	<u>:</u>		LOCAL LICENSING AU	JTHORITY
APPROVED:			By:	
DISAPPROVED (If disapproved e				
(11 disappioved t	Apiani)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 107400052		CITY OR TOWN	SANDWICH
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAM	ME: HERITAGE	PARK RESTAURANT,	INC	
DOING BUSINI	ESS A TOMATO	ES		
ADDRESS 0028	BOC ROUTE 130			
CITY/TOWN:	SANDWICH	STATE: MA	ZIP CODE:	02644
MANAGER: I	LEVORCE, ANTHONY M	TYPE OF LICENSE: F	Restaurant CA	ATEGORY: All Alcohol
EMAIL ADDRE	ESS:			
	PLEASE ALSO VISIT	Γ OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
	OF LICENSED P			
		: RESTROOMS IN THE DBBY, KITCHEN, BAR		
•	-	nalties of perjury that: be of the same type for the	ne same premises now	licensed;
		ed with all laws of the Cor	•	
	•	en for business (If not ex	ĕ	
SIGNED BY:			0.00	
	Individual, I	Partner or Authorized Cor	porate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER	R IDENTIFICATION NUMBER:
	1222	THORE I CHIELIC	(Note: NOT Ind	lividual Social Security Number)
Acts of 2004, si	gned by the build	ing inspector and the he	ad of the fire departı	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below	<u>:</u>		LOCAL LICENS	SING AUTHORITY
APPROVED: [By:	
DISAPPROVED (If disapproved 6				
(II disupproved t	mpium)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 107400053		CITY OR TOWN SANDWIG	CH
APPLICATION FOR	R RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 315 COT	A MARSHLAND T			
CITY/TOWN: SAN		STATE: MA	ZIP CODE: 02563	
		PE OF LICENSE: Resi		Wine and Malt Regular
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF	LICENSED PREMIS	SES:		
		WITH TWO FRONT TS IN BACK FOR D	ELIVERIES AND EXITS.	
2. the licens	ee has complied with ses are now open for	• •		
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social)	
Acts of 2004, signed	d by the building in	spector and the head	certificate required by Chap of the fire department for the equired by Chapter 116 of the	e above named
Please Check Below:			LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROVED: [(If disapproved explain)	ain)			
· · · · · · · · · · · · · · · · · · ·	,			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 107400056		CITY OR TOWN	SANDWICH
APPLICATION FO	R RENEWAL:	Annual CLASS	LICEN	SED FOR 2013 YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 331 CO	A TWO BROTHER		CAN	7.2. M
CITY/TOWN: SAN	NDWICH	STATE: MA	ZIP CODE:	02563
MANAGER: NEW AN	VMAN,CHRISTITYP	E OF LICENSE: R	Restaurant Ca	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WE		EMAIL ADDRESS	
DINING ROOM, KI	LICENSED PREMIS ITCHEN AREA WIT D CONTAINING API	H TWO ENTRAN	ICES AND 2 EXITS: Γ.	SEATIGN
2. the licens		all laws of the Corpusiness (If not ex		
DATE:	TELEPHONI	E NUMBER:		R IDENTIFICATION NUMBER:
Acts of 2004, signe	d by the building ins	pector and the he	ad of the fire departi	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl.)	ain)		LOCAL LICENS By:	SING AUTHORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 107400057	•	CITY OR TOWN	SANDWIC	H
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	T. A. GOSSIOS, C	ORP.			
DOING BUSINESS	A SANDWICH TA	VERNA			
ADDRESS 290 ROU	JTE 130				
CITY/TOWN: SAN	IDWICH	STATE: MA	ZIP CODE:	02563	
MANAGER: GOS	SIOS, THANOSTYF	PE OF LICENSE: Rest	aurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF		EBSITE AND ENTER YOUR EMA	AIL ADDRESS		_
I hereby certify and s	wear under penalties	of perjury that:			
1. the renew	ed license will be of	the same type for the s	ame premises now	licensed;	
	=	all laws of the Commo	_	taxes; and	
3. the premi	ses are now open for	business (If not explai	n below)		
SIGNED BY:	Individual, Partner	or Authorized Corpor	ate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Acts of 2004, signed	d by the building ins	in possession (1) the spector and the head liability insurance red	of the fire departi	nent for the	above named
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: [(If disapproved explain)	 nin)				
(ii disupproved expire	···· <i>,</i>				
DATE:					_
APPLICATION FOR RENEW	VAL MUST BE FILED BY LI	ICENSEES DURING THE MO	NTH OF NOVEMBER (M	.G.L. Ch. 138 \$ 16	5A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 107400059		CITY OR TOWN SANDWI	ICH
APPLICATION FOR	R RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME:	THE BROWN J	UG, INC		
DOING BUSINESS	A THE BROWN	JUG		
ADDRESS 1 JARVI	ES STREET			
CITY/TOWN: SAN	IDWICH	STATE: MA	ZIP CODE: 02563	
	NSTON, T HAEL S.	YPE OF LICENSE: Pac	ckage Store CATEGORY	: Wine and Malt Regular
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUI	R WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF	LICENSED PREM	MISES:		
BUILDING CONSIS AND EXITS	STS OF 1900 SQ 1	FT CONSISTING OF F	FIVE ROOMS, THREE ENTRA	ANCES -
	ses are now open f	rith all laws of the Composite of State		I
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	nin)		LOCAL LICENSING AUTI By:	HORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	07400061		CITY OR TOW	N SANDWIC	CH
APPLICATION FOR R	ENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: S	weet Tomatoes, Inc				
DOING BUSINESS A	Sweet Tomatoes				
ADDRESS 95 Tupper I	Rd				
CITY/TOWN: SAND	WICH	STATE: MA	ZIP CODE:	02563	
MANAGER: Yetman	, Carrie TYPE	OF LICENSE: Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF LIG	CENSED PREMISES	S:			
44 seat restaurant with k	citchen, dining area, t	two bathrooms, of	fice and front and	l rear exits and e	entrances
I hereby certify and swe	ar under penalties of	perjury that:			
1. the renewed	license will be of the	e same type for the	e same premises n	ow licensed;	
2. the licensee	has complied with all	l laws of the Com	monwealth relatir	ng to taxes; and	
3. the premises	are now open for bu	siness (If not expl	ain below)		
SIGNED BY:					
I	ndividual, Partner or	Authorized Corp	orate Officer		
DATE:	TELEPHONE 1	NUMBER:	EMPLO	YER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT	Individual Social S	Security Number)
	_				
We the undersigned, a Acts of 2004, signed b					
license and (2) the cer					
Please Check Below:			LOCAL LICE	ENSING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain))				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 107400062		CITY	OR TOWN	SANDWIC	Н
APPLICATION FO	R RENEWAL:	Annua CLAS		LICEN	SED FOR 20)13 YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 155 MA	A VINES	ORATED				
CITY/TOWN: SAI	NDWICH	STATE:	MA ZIP	CODE:	02563	
MANAGER: COX DAM	K, STEVEN TY NIEL	PE OF LICENS	E:General on premise	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:	:					
	PLEASE ALSO VISIT OUR V		YOUR EMAIL ADDR	ESS		
DESCRIPTION OF 1200 SQ FT TOTAL AND 800 SF OUTE	L OF WHICH 300 S		R LICENSE.	TWO EXIT	S AND ENT	RANCES
	see has complied wit ises are now open fo Individual, Partne	or business (If no	t explain belov	v)	o taxes; and	
DATE:	TELEPHO	NE NUMBER:	(N			TON NUMBER: ecurity Number)
Acts of 2004, signe	ed, attest that we ared by the building in certificate of liquor	nspector and the	e head of the f	fire departı	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCA By:	AL LICENS	ING AUTHO	ORITY
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 107	400065		CITY OR	TOWN	SANDWIC	CH
APPLICATION FOR RE	NEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: BA DOING BUSINESS A T			ND GRILI	Œ		
ADDRESS 1 ROUND HI	LL					
CITY/TOWN: SANDW	ICH S'	TATE: MA	ZIP C	CODE:	02563	
MANAGER: McGOWA	AN, MARKTYPE OF	LICENSE: Res	staurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEAS	E ALSO VISIT OUR WEBSITE	AND ENTER YOUR EN	MAIL ADDRESS	S		_
DESCRIPTION OF LICE	NSED PREMISES:					
TWO FLOORS AND BA RESTROOMS, STROAG ROOM, OFFICE, KITCH RESTROOMSGROUNI	E, SMALL LOUNGI EN AND RESTROO	E AND OFFICE MSSECONI	EFIRST D FLOOR	FLOOR: HAS FU	LOUNGE, I NCTION RO	DINING
I hereby certify and swear	under penalties of pe	rjury that:				
1. the renewed lic	cense will be of the sa	me type for the	same pren	nises now	licensed;	
	s complied with all la			relating t	o taxes; and	
3. the premises an	re now open for busin	ess (If not expla	ain below)			
SIGNED BY:	lividual, Partner or Au	nthorized Corpo	orate Office	er		
DATE:	TELEPHONE NU	MBER:				TION NUMBER:
We the undersigned, att Acts of 2004, signed by license and (2) the certif	the building inspecto	or and the head	l of the fir	e depart	ment for the	above named
Please Check Below:			LOCAL	LICENS	SING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED: (If disapproved explain)						
(11 disappioved explain)						
DATE:						